

1 10A NCAC 14C .2105 is proposed as a temporary rule as follows:

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3 **10A NCAC 14C .2105 STAFFING AND STAFF TRAINING**

4 (a) An applicant proposing to establish a new ambulatory surgical facility, ~~to establish a new campus of an existing~~  
5 ~~facility, to establish a new hospital,~~ to increase the number of operating ~~rooms,~~ rooms in a facility, to convert a  
6 specialty ambulatory surgical program to a multispecialty ambulatory surgical program or to add a specialty to a  
7 specialty ambulatory surgical program shall identify, justify and document the availability of the number of current  
8 and proposed staff to be utilized in the following ~~areas:~~ areas in the facility to be developed or expanded:

- 9 (1) administration;  
10 (2) pre-operative;  
11 (3) post-operative;  
12 (4) operating room; and  
13 (5) other.

14 (b) The applicant shall identify the number of physicians who currently utilize the facility and estimate the number  
15 of physicians expected to utilize the facility and the criteria to be used by the facility in extending surgical and  
16 anesthesia privileges to medical personnel.

17 (c) The applicant shall provide documentation that physicians with privileges to practice in the facility will be  
18 active members in good standing at a general acute care hospital within the ~~ambulatory surgical~~ service area in  
19 which the facility is, or will be, located or ~~will have written referral procedures with a physician who is an active~~  
20 ~~member in good standing at a general acute care hospital in the ambulatory surgical service area.~~ documentation of  
21 contacts the applicant made with hospitals in the service area in an effort to establish staff privileges.

22 (d) The applicant shall provide documentation that physicians using the proposed facility will meet Emergency  
23 Department coverage responsibilities in at least one hospital within the service area, or documentation of contacts  
24 the applicant made with hospitals in the service area in an effort to commit its physicians to assume Emergency  
25 Department coverage responsibilities.

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27 *History Note: Authority G.S. 131E-177; 131E-183(b);*  
28 *Eff. November 1, 1990;*  
29 *Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent*  
30 *rule becomes effective, whichever is sooner;*  
31 *Amended Eff. January 4, 1994;*  
32 *Temporary Amendment Eff. July 1, 2001;*  
33 *Temporary Amendment Eff. January 1, 2002;*  
34 *Amended Eff. August 1, 2002;*  
35 *Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule*  
36 *effective August 1, 2002;*  
37 *Amended Eff. April 1, 2003;*

